AMENDMENT TRANSMITTAL LETTER								Docket No. 341148004US3		
Application No. 10/743,531-Conf. #7678			1			Examiner M. T. Rozansi	,	Art Uni 3768		
٠	pplicant(s): Mat			JU: 2	2, 2000		W. T. TOLLING	<u> </u>	0,00	
	,									
n	vention: GUIDE	D RADIATION	THERAPY	/ SYS	STEM					
					SIONER FO					
	ransmitted here						plication.			
	ne ree nas beer	he fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED								
		Claims Remaining After	Highest Number Previousi	T	Number Extra Claims					
	Total Claims	Amendment 7	- 69	-	Present 0	×	Rate 26.00		0.00	
	Independent	7		_	0	^	110.00		0.00	
	Claims	l					110.00		0.00	
	Multiple Dependent Claims (check if applicable)									
									65.00 70.00	
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:								135.00	
	Large Entity		x	Small Entity						
	No additiona	fee is required for this amendment.								
	Please charge Deposit Account No in the amount of \$ A check in the amount of \$ to cover the filling fee is enclosed.									
	x Payment by EFT Account No. SEA1PIRM in the amount of \$135.00 is hereby authorized.									
	The Director is hereby authorized to charge and credit Deposit Account No. 50-066 as described below.									
_										
	x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.									
	Susan D. Betch	(a)	M	_			Dated:	April 30	, 2009	
	Attorney/Agent		498							
	PERKINS COIE	ELLP -								
	P.O. Box 1247									
	Seattle, Washir (206) 359-8000		247							